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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1943

Registration District No. 209

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 35239

Registrar's No. 298

1. **PLACE OF DEATH:**
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 105 Magnolia Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 33 years
years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Marion 064
(c) City or town Hannibal 3 /
(If outside city or town limits, write "RURAL")
(d) Street No. 105 Magnolia Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) **PRINT FULL NAME** Hazel Lee Wampler Morris

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Everett Morris
6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 1 1892
(Month) (Day) (Year)

8. **AGE:** Years 51 | Months 0 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Elsberry O Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

FATHER { 12. Name Robert A. Wampler
13. Birthplace Milton Illinois
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Lillian Powell
15. Birthplace Troy O Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Morris
(b) Address 105 Magnolia, Hannibal, Mo.

17. (a) Burial (b) Date thereof Oct 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Star Hope Cemetery
Elsberry Mo.

18. (a) Signature of funeral director Ray O. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 10-6-43 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 29
year 1943 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Dec 1942 Sept. 29 1943
that I last saw her alive on Sept 29th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 4 day

Due to Carcinoma of uterus 9 mo

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 48

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work _____ Means of injury _____

23. Signature Glenn R Miller M. D. (or other) DO
Address Hannibal Mo Date signed Oct 1 '43

1146 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....................

...., Registered Apprentice No..........................

working under my personal supervision.

Signed *Roy P. Schwartz*

Licensed Embalmer No. *1765*

P. O. Address *Ion Bdway, Hannibal, M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.